Office Llee Only	
Office Use Only	



## Missouri Department of Conservation

## Application for Dog Training Area Permit

/			
Name			
Business Name	County		
Address	Home Telephone		
City State Zip	Work Telephone		
DOG TRAINING AREA (Code 630)	### ### ##############################		
LOCATION:SHOOTERS:			
(Shooters include permittee and not more than two (2) assistants.)			
If your street address is different from your mailing address, ple provided in case contact by a conservation agent is required. If location.  Name	you live in a rural area please provide directions to your		
Directions			
Approval box in lower left corner of the application must be comoccurs:  1. First time application for Dog Training Area permit. 2. When Location is being changed from prior year's pe 3. When going from one type of permit to another. 4. When ownership changes			
Signature constitutes acceptance of all rules pertaining to the all	bove permits according to the Wildlife Code of Missouri.		
Applicant's Signature	Date		
This is not a Permit and Does Not	t Entitle Applicant to Operate.  ALL PERMITS EXPIRE JUNE 30		
☐ Approved ☐ Disapproved By County	DO NOT SEND CASH Remit Check, Bank Draft or Money Order To: Missouri Department of Conservation P.O. Box 180		
Date  DO NOT WRITE IN THIS SPACE  (For conservation agent's use only)	Jefferson City, MO 65102-0180		